

DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

*Quality Assurance Division-Licensure Bureau
2401 Colonial Drive
P.O. Box 202953
Helena, MT 59620-2953
FAX: (406) 444-1742*

**ASSISTED LIVING FACILITY LICENSE APPLICATION:
CATEGORY C SUPPLEMENTAL REQUIREMENTS**

Category C facilities must meet all Category A and B requirements

***IF A NEW FACILITY OR CHANGES HAVE OCCURRED SINCE INITIALLY LICENSED
PLEASE INCLUDE COMPLETED CATEGORY A APPLICATION WITH THIS APPLICATION***

Facility Name:

Facility Address: PO Box

City/State Zip:

Facility Telephone Number: FAX:

Facility E-mail/Web page Address:

*Name of health care provider or agency performing on-site assessments, certification of care level and health care plans:

Category C facility administrator:

Indicate if the category C residents will be:

- ☐ Integrated into current A and/or B facility
- ☐ Residing in a secured unit within the facility
- ☐ Residing in a stand alone Category C facility

**** A Category C license will not be issued without this information. The provider must be an RN or higher level of professional clinician.***

Please submit the following:

- ☐ *New Facilities* must provide policies and procedures for Category A and Category B requirements.
- ☐ Category C policies and procedures.
- ☐ Verification that the administrator is a qualified Assisted Living Administrator and has:
- ☐ three or more years experience in working in the field of geriatrics or caring for disabled residents in a licensed facility; or
 - ☐ a documented combination of education and training that is equivalent to the experience required in (1), as determined by the department.
- ☐ Provide the department with a disclosure statement including the facility or unit's philosophy and approaches to providing care and supervision for persons with severe cognitive impairment.
- ☐ Provide the department with the facility Category C resident agreement.
- ☐ If a secured distinct part or locked unit is designated for the exclusive use of residents with severe cognitive impairment, the facility must submit:
- a floor plan, indicate type of locking unit, and
 - approval of the locking device &/or system from either:
 - a) most recent building code approval from the local authority having jurisdiction, *OR*
 - b) the local or state fire marshal inspection conducted within the past twelve (12) month period.

Application for a Category C Assisted Living Facility license is hereby submitted under the provision of Section 50-5-101 through 50-5-228. (See attached)

SIGNED _____ DATE _____

TITLE _____

ADDRESS: _____

CITY _____ STATE/ZIP _____